

POSITION

INITIALS

ID NO

DATE

FEE DETERMINATION

PIPE CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

INDEX OF CLAIMS

Claim	Date	Claim	Date	Claim	Date
1	✓	2	✓	3	✓
4	✓	5	✓	6	✓
7	✓	8	✓	9	✓
10	✓	11	✓	12	✓
13	✓	14	✓	15	✓
16	✓	17	✓	18	✓
19	✓	20	✓	21	✓
22	✓	23	✓	24	✓
25	✓	26	✓	27	✓
28	✓	29	✓	30	✓
31	✓	32	✓	33	✓
34	✓	35	✓	36	✓
37	✓	38	✓	39	✓
40	✓	41	✓	42	✓
43	✓	44	✓	45	✓
46	✓	47	✓	48	✓
49	✓	50	✓	51	✓
52	✓	53	✓	54	✓
55	✓	56	✓	57	✓
58	✓	59	✓	60	✓
61	✓	62	✓	63	✓
64	✓	65	✓	66	✓
67	✓	68	✓	69	✓
70	✓	71	✓	72	✓
73	✓	74	✓	75	✓
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79	✓	80	✓	81	✓
82	✓	83	✓	84	✓
85	✓	86	✓	87	✓
88	✓	89	✓	90	✓
91	✓	92	✓	93	✓
94	✓	95	✓	96	✓
97	✓	98	✓	99	✓
100	✓	101	✓	102	✓
103	✓	104	✓	105	✓
106	✓	107	✓	108	✓
109	✓	110	✓	111	✓
112	✓	113	✓	114	✓
115	✓	116	✓	117	✓
118	✓	119	✓	120	✓
121	✓	122	✓	123	✓
124	✓	125	✓	126	✓
127	✓	128	✓	129	✓
130	✓	131	✓	132	✓
133	✓	134	✓	135	✓
136	✓	137	✓	138	✓
139	✓	140	✓	141	✓
142	✓	143	✓	144	✓
145	✓	146	✓	147	✓
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151	✓	152	✓	153	✓
154	✓	155	✓	156	✓
157	✓	158	✓	159	✓
160	✓	161	✓	162	✓
163	✓	164	✓	165	✓
166	✓	167	✓	168	✓
169	✓	170	✓	171	✓
172	✓	173	✓	174	✓
175	✓	176	✓	177	✓
178	✓	179	✓	180	✓
181	✓	182	✓	183	✓
184	✓	185	✓	186	✓
187	✓	188	✓	189	✓
190	✓	191	✓	192	✓
193	✓	194	✓	195	✓
196	✓	197	✓	198	✓
199	✓	200	✓	201	✓
202	✓	203	✓	204	✓
205	✓	206	✓	207	✓
208	✓	209	✓	210	✓
211	✓	212	✓	213	✓
214	✓	215	✓	216	✓
217	✓	218	✓	219	✓
220	✓	221	✓	222	✓
223	✓	224	✓	225	✓
226	✓	227	✓	228	✓
229	✓	230	✓	231	✓
232	✓	233	✓	234	✓
235	✓	236	✓	237	✓
238	✓	239	✓	240	✓
241	✓	242	✓	243	✓
244	✓	245	✓	246	✓
247	✓	248	✓	249	✓
250	✓	251	✓	252	✓
253	✓	254	✓	255	✓
256	✓	257	✓	258	✓
259	✓	260	✓	261	✓
262	✓	263	✓	264	✓
265	✓	266	✓	267	✓
268	✓	269	✓	270	✓
271	✓	272	✓	273	✓
274	✓	275	✓	276	✓
277	✓	278	✓	279	✓
280	✓	281	✓	282	✓
283	✓	284	✓	285	✓
286	✓	287	✓	288	✓
289	✓	290	✓	291	✓
292	✓	293	✓	294	✓
295	✓	296	✓	297	✓
298	✓	299	✓	300	✓

STATE DEPARTMENT